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| DECLARATION | Attorney Docket Number | | | 25636-703 | | | | | |
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| DE | | | | Li Zhu | | | | | |
| PATENT A | PPLICATIO | N | COMPLETE IF KNOWN | | | | | | |
| (37 CI | | Applica | ation Number | 09 | 09/603,658 | | | | |
| Declaration Submitted | □ Declaration □ Submitted | n after Initial | Filing [| Date | Ju | ne 23, 2000 | | | |
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| - Fund | required) | . 10(e)) | Exami | xaminer Name | | nassigned | | | |
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| As a below named Invent | | | | | | | | | |
| OFMAN residence, post office | address, and citize | nship are as s | stated belo | w next to my nam | ie. | | | | |
| I believe I am the original names are listed below) o | I, first and sole inve | entor (if only o | ne name | is listed below) or | an original, | | | | |
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| the specification of which ☐ is attached hereto OR | | | | | | | | | |
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| Application Number 09/603 | 5,658 and was am | ended on (MN | //DD/YYY | Y) [(if applica | ible). | | | | |
| I hereby state that I have | | | contents | of the above ider | ntified speci | ification, including | the claims, as | | |
| amended by any amendme | • | | rial ta nat | antohilitu oo dofina | ed in 27 CEE | 0.1.56 | | | |
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| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 🖂 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. | | | | | | | | | |
| Prior Foreign Application | | Foreign Fili | | Priority | | | by Attached? | | |
| Number(s) | Country | (MM/DD/ | YYYY) | Not Claimed | | YES | NO | | |
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| Additional foreign applic | ation numbers are | listed on a sur | nniementa | U priority data she | et PTO/SB/0 | 28 attached here | to: | | |
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(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application.

| between the ming date of the prior application and the national of PC1 international ming date of this application. | | | | | | | | | | | | | | |
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| U.S. Parent Application or PCT Parent Number | | | | | | Р | Parent Filing Date (MM/DD/YYYY) | | | Pa | Parent Patent Number (if applicable) | | | |
| 09/603,663 | | | | | | | 6/23/2000 | | | | | | | |
| 09/602,373 | | | | | | | 6/23/2000 | | | | | | | |
| | | 09/602,972 | | | | | | 6/23/2000 | | | | | | |
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| Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. | | | | | | | | | | ached hereto. | | | | |
| As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the | | | | | | | | | | | | | | |
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| Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. | | | | | | | | | | | | | | |
| Direct all correspondence to: ☐ Customer Number or Bar Code Label 021971 OR ☐ Correspondence address below | | | | | | | | | | | | | | |
| Name . | Shirle | y Chen, Reg. No. 44,608 | | | | | | | | | | | | |
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| Address | 650 P | age Mill Road | | | | | | | | | | | | |
| City | Palo A | | | | | | | 94304 | | | | | | |
| Country | U.S. | Telephone 650-493-93 | | | | | -9300 | | | Fax | 650-493 | -6811 | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | | | | | | | | |
| Name of Sole or First Inventor: A petition has been filed for this unsigned inventor | | | | | | | | | | | | | | |
| Given Name (first and middle (if any) Family Name or Surname | | | | | | | | | | | | | | |
| Li | | | | | | | | | | | | | | |
| Inventor's Signat | 's Signature W Hun | | | | | | Date 9/15/20 | | | | | 115/2000 | | |
| Residence: City | nce: City Palo Alto State CA | | | | Country US | | Citizen | Citizenship US | | | | | | |
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| Additional inve | Additional inventors are being named on the 1_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto: | | | | | | | | | | | | | |

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ark Office: U.S. DEPARTMENT OF COMMERCE to respond to a collection of information unless it a valid OMB control number. **ADDITIONAL INVENTOR(S)** Supplemental Sheet ECLARATION SEP 2 5 2000 Page _ of 1 itional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any) Family Name or Surname Hua **Shaobing Benjamin** 15/2000 **Inventor's Signature Date** Citizenship Residence: City Cupertino State CA Country US China **Post Office Address** 10828 W. Estates Drive, Cupertino, CA 95014 **Post Office Address** CA ZIP 95014 US City Cupertino State Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any) **Family Name or Surname** Inventor's Signature Date City State Country Citizenship **Post Office Address Post Office Address** ZIP State Country City Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any) **Family Name or Surname** Inventor's Signature Date City State Country Citizenship **Post Office Address Post Office Address**

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